

# FOOD HANDLER SUSPECTED OF HAVING HEPATITIS WORKSHEET

Investigator working situation \_\_\_\_\_ Date Reported \_\_\_\_\_  
 Name of food establishment \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_

Persons to notify (date/time when notified)  
 CADE Epidemiologist \_\_\_\_\_ Local PHN \_\_\_\_\_  
 County Board of Health \_\_\_\_\_ DPS \_\_\_\_\_  
 Sanitarian \_\_\_\_\_

## ILLNESS

Patient Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_  
**Date of Onset of Symptoms** \_\_\_\_\_ **Physician** \_\_\_\_\_

Hospitalized? Yes \_\_\_ No \_\_\_ Name of Hospital \_\_\_\_\_

Symptoms	Yes	No	
Fever	___	___	Date fever began _____
Fatigue	___	___	Date fatigue began _____
Nausea/Vomiting	___	___	Date nausea/vomiting began _____
Dark Urine	___	___	Date dark urine began _____
Jaundice	___	___	Date jaundice began _____
Diarrhea	___	___	Date diarrhea began _____

Has person received hepatitis A vaccine previously Yes No  
 If yes dates received dose 1 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ dose 2 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Known or suspected source/risk factors (e.g., contact to confirmed case, drug user) \_\_\_\_\_

Known or suspected other disease possibly causing symptoms (e.g., cirrhosis, gall bladder disease) \_\_\_\_\_

## LAB RESULTS

Laboratory:		Positive	Negative	Not Done	Liver Enzymes
	Total HAV (IgG/IgM)				AST (SGPT)
Telephone No.:	HAV-IgM				ALT (SGOT)
Date Blood Drawn:					Total Bilirubin
	HBsAg				
	Anti-HBsAg				
	HCV anti				

**WORK HISTORY**

Has the employee handled high-risk foods in the past 2 weeks? Yes \_\_\_ No \_\_\_

List Foods

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Did the food establishment serve the same people multiple times during the infectious period of the employee? (Ex. Business cafeteria where people may eat many times a week.) Yes \_\_\_ No \_\_\_

Describe

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Food handling practices (use of gloves, ice scooper, mix with hands, etc.)

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Are foods held over to the next day? \_\_\_ If yes, which foods? \_\_\_\_\_

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Date(s) of sanitarian inspection \_\_\_\_\_ Name of sanitarian \_\_\_\_\_

Were soap, toilet paper and paper towels available when the sanitarian inspected? Yes \_\_\_ No \_\_\_

Dates worked and job responsibilities during the last 2 weeks:

Date	Shifts/Hours Worked	Did Not Work (X)	Describe Specific Duties and Type of Food Handled
Today			
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			

List all other dates and shifts worked during infectious period (2 weeks prior to onset to 1 week after onset)

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Dates and duties verified by employer? Yes \_\_\_ No \_\_\_ By employee? Yes \_\_\_ No \_\_\_

HYGIENE

Does patient give history of hand washing after each trip to bathroom? Yes \_\_\_ No \_\_\_

Did patient give accurate information regarding hand washing facilities (soap--liquid vs. bar, color, availability of towels, etc.)? \_\_\_\_\_

Employer's or colleague's impression of hygiene \_\_\_\_\_

Local Health Department's impression of hygiene (appearance and history) Adequate \_\_\_ Inadequate \_\_\_

\_\_\_\_\_ Post exposure prophylaxis given to other food handlers by private resources (# persons)

\_\_\_\_\_ Public announcement for patrons (date announcement made \_\_\_\_\_)

Dates and food involved \_\_\_\_\_

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Average number of customers served each day \_\_\_\_\_

Number of persons given post exposure prophylaxis at LHD \_\_\_\_\_

Dates and hours of post exposure prophylaxis clinics

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Estimated number of LHD person-hours for follow-up \_\_\_\_\_

SIX-WEEK FOLLOW-UP

Number of secondary cases which occurred that were likely due to this food establishment \_\_\_\_\_

Name of Investigator \_\_\_\_\_ Date investigation completed \_\_\_\_\_